

Asthma/COPD – Bronchodilator, Anticholinergics (COPD) – Inhalation

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	DD – Drug-Drug Interaction	MD – Maximum Dose Limit	TD – Therapeutic Duplication
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DS – Maximum Days’ Supply Allowed	PR – Enrollment in a Physician-Supervised Program Required	UN – Drug Use Not Warranted
BY – Diagnosis Codes Bypass Some Requirements	DT – Duration of Therapy Limit	PU – Prior Use of Other Medication is Required	X – Prescriber Must Have ‘X’ DEA Number
CL – Additional Clinical Information is Required	DX – Diagnosis Code Requirement	QL – Quantity Limit	YQ – Yearly Quantity Limit
CU – Concurrent Use with Other Medication is Restricted	ER – Early Refill	RX – Specific Prescription Requirement	

Pharmacy Prior Authorization Phone Numbers for MCOs and FFS

Aetna Better Health of Louisiana **1-855-242-0802**

AmeriHealth Caritas Louisiana **1-800-684-5502**

Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Healthy Blue **1-844-521-6942**

Louisiana Healthcare Connections **1-888-929-3790**

UnitedHealthcare **1-800-310-6826**

Asthma/COPD – Bronchodilator, Anticholinergics (COPD) – Inhalation

POS Edits		
DX - Pharmacy claims for Spiriva® Respimat® (tiotropium bromide inhalation spray) must be submitted with an appropriate diagnosis code, based on the strength, as listed in the chart below. <i>* Any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code</i>		
Generic (Brand Example)	Diagnosis Code	Diagnosis Description
Tiotropium Bromide (Spiriva® Respimat®) 1.25 mcg	J45*	Asthma
Tiotropium Bromide (Spiriva® Respimat®) 2.5 mcg	J44*	COPD
QL – These agents have quantity limits as listed in the chart to the right.	Generic (Brand Example)	Quantity Limit per 30 Days
	Acclidinium Bromide Inhalation Powder (Tudorza® Pressair®)	1 inhaler
	Acclidinium Bromide/Formoterol Fumarate (Duaklir® Pressair®)	1 inhaler
	Albuterol Sulfate/Ipratropium (Combivent® Respimat®)	2 inhalers
	Albuterol Sulfate/Ipratropium Nebulizer Solution	180 vials
	Glycopyrrolate (Seebri® Neohaler®)	60 capsules (1 box)
	Glycopyrrolate and Formoterol Fumarate (Bevespi Aerosphere®)	1 inhaler
	Glycopyrrolate Inhalation Solution (Lonhala® Magnair®)	60 vials (1 kit)
	Indacaterol/Glycopyrrolate (Utibron® Neohaler®)	60 capsules (1 box)
	Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)	2 inhalers
	Ipratropium Nebulizer Solution	120 vials
	Revefenacin Inhalation Solution (Yupelri®)	30 vials
	Tiotropium Bromide Inhalation Spray (Spiriva® Respimat®)	1 inhaler
	Tiotropium Inhalation Powder (Spiriva® HandiHaler®)	30 capsules
	Tiotropium/Olodaterol (Stiolto® Respimat®)	1 inhaler
	Umeclidinium Inhalation Powder (Incruse® Ellipta®)	1 inhaler
	Umeclidinium/Vilanterol Inhalation Powder (Anoro® Ellipta®)	1 inhaler

Revision / Date	Implementation Date
Created POS Document	February 2020
Added diagnosis requirement for Spiriva® Respimat® / July 2020	October 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Added quantity limits / June 2021	October 2021